

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

| | | · · · · · · · · · · · · · · · · · · · | MICHIGAN TAX TR | RIBUNAL |
|----|---|---------------------------------------|--|--------------|
| | Petitioner, | | | |
| ٧ | | | MOAHR Docket No | • |
| | Respondent. | ·, | | |
| | STIPU | | ITRY OF CONSENT JUDGN IG/TAXABLE VALUE) | <i>I</i> ENT |
| 1. | The subject proper | rty is in | · · · · · · · · · · · · · · · · · · · | County. |
| 2. | Property Parcel No: (If more than one parcel is at issue, attach a completed Multiple Parcel Stipulation Form addressing all other parcels at issue.) | | | |
| 3. | The property's taxable value (TV), as confirmed by the Board of Review, for the tax year(s) at issue: | | | |
| | | Tax year | Taxable Value | |
| | | | | |
| | | | | |
| | 4. The TV for the property identified above as stipulated by the parties for settlement purposes are: | | | |
| | | Tax year | Taxable Value | |
| | | | | |
| | | | | |
| 5. | List any special terms or conditions being proposed by the parties that would affect the execution of this Consent Judgment including, but not limited to, the joint payment of the refund, the waiver of interest, etc. (attach additional page if necessary): | | | |
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| MOAHR Docket No Page 2 of 2 |
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| NOTE : The Stipulation MUST include ALL parcels and ALL tax years included in the appeal (including subsequent tax years on or after April 1 of each year for appeals pending in the Small Claims Division). The parties may agree, however, to withdraw the appeal of specific parcels and/or tax year(s). |
| IF APPLICABLE, complete the following section(s). Otherwise, LEAVE BLANK. |
| 6. The parties agree to the withdrawal of parcel number: |
| (If more than one parcel is being withdrawn, attach a separate page addressing all other parcels being withdrawn.) |
| 7. The parties agree to the withdrawal of tax year(s) |
| Signature of Petitioner's Authorized Representative or, if none, Petitioner: |
| Printed Name: |
| Date: |
| Signature of Respondent's authorized representative: |
| Printed Name: |
| Date: |